Application or Docket Number

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		CLAI	MS A		D - PART umn 1)		ımn 2)	SMA TYP	LL E	NTITY	OR	OTHER	THAN
TOTAL CLAIMS				11			•		TE	FEE	7	RATE	FEE
FOR			NUME	SER FILED	NUM	BER EXTRA	BAŞ	C FE	385.00	OR	BASIC FEE	770.00	
TC	TOTAL CHARGEABLE CLAIMS				minus 20=		0	XS	9=		OR	X\$18=	
NE	NDEPENDENT CLAIMS				minus 3 =	*	0		3=	<del> </del>	1	VOC	
ML	MULTIPLE DEPENDENT CLAIM PRE					<u> </u>			<u></u>	<del> </del>	OR	<u> </u>	
							+1	15=		OR	+290=		
' If	the difference	in colur	nn 1 is	less that	n zero, ente	r "0" in (	column 2	ТО	TAL		OR	TOTAL	770
ĺ	C	LAIMS (Colu		MEND	ED - PAR (Colu	mn 2)	(Column 3)	SM	ALL	ENTITY	OR	OTHER SMALL	
¥ .		CLA REMA AFT AMENE	INING ER		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
AMENUMENI	Total	. 1	)	Minus	**		<b>c</b>	·xs	9=		OR	X\$18=	
;				44.				l <del> </del>				Voc	
	Independent	•		Minus	. ***			X4	3=	1	OR	X86=	
Ž	Independent FIRST PRESE	NTATION	OF ML	<u> </u>		CLAIM					OR		
		* NTATION	OF ML	<u> </u>		CLAIM		+14	5=		OR	+290=	
		* NTATION	N OF MI	<u> </u>		CLAIM		+14	5= OTAL		OR		
		(Colu	ກກ 1)	<u> </u>	DEPENDENT	mn 2)		+14	5= OTAL		OR	+290= TOTAL	
		(Colur CLA REMA	mn 1) IMS INING	<u> </u>	(Colur HIGH	nn 2) IEST BER	(Column 3)	+14 Ti ADDIT	5= OTAL FEE	ADDI-	OR	+290= TOTAL ADDIT. FEE	ADDI-
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